

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

American Hospital Association PAC

ADDRESS (number and street)

800 Tenth Street, NW

Two CityCenter, Suite 400

☐ Check if different than previously reported. (ACC)

Washington

DC

20001-4956

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00106146

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
10 01 2015

through

M M M / D D D / Y Y Y Y Y Y
10 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer

Ms. Melinda Hatton

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
11 19 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
10 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		1653206.80
(b) Cash on Hand at Beginning of Reporting Period.....	2790801.13	
(c) Total Receipts (from Line 19)	176340.07	1975595.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2967141.20	3628802.45
7. Total Disbursements (from Line 31)	66888.18	728549.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2900253.02	2900253.02
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	98913.90	837071.31
(ii) Unitemized	40607.86	298133.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	139521.76	1135204.31
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ►	139521.76	1140204.31
12. Transfers From Affiliated/Other Party Committees.....	36575.00	575975.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	256999.36
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	525.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	243.31	1891.98
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ►	176340.07	1975595.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ►	176340.07	1975595.65

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	488.18	5480.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	488.18	5480.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	66400.00	722643.52
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	425.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	425.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	66888.18	728549.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66888.18	728549.43

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	139521.76	1140204.31
34. Total Contribution Refunds (from Line 28(d))	0.00	425.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	139521.76	1139779.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	488.18	5480.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	256999.36
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	488.18	-251518.45

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 147
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. J. Michael MarshMailing Address 1035 116th Avenue NE
Suite 340

City	State	Zip Code
Bellevue	WA	98004-4604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Overlake Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : 22734786

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Christopher M O'Connor

Mailing Address 1450 Chapel Street

City	State	Zip Code
New Haven	CT	06511-4405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale New Haven Health System

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : 22737872

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Timothy Sayler

Mailing Address 3000 32nd Avenue South

City	State	Zip Code
Fargo	ND	58103-6132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Essentia Health Fargo

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2015

Transaction ID : 22737873

Amount of Each Receipt this Period

330.00

SUBTOTAL of Receipts This Page (optional)..... ►

1830.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. George W Greene ESQ

Mailing Address 707 Richards Street, PH2

City

Honolulu

State

HI

Zip Code

96813-4613

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthcare Association of Hawaii

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 06 / 2015

Transaction ID : 22737874

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Ms. Ashley Erickson

Mailing Address 3015 3rd Avenue SE

City

Aberdeen

State

SD

Zip Code

57401-5418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Aberdeen Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 06 / 2015

Transaction ID : 22737875

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas R Mullen

Mailing Address P.O. Box 374

City

Oxford

State

MD

Zip Code

21654-0374

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 02 / 2015

Transaction ID : 22737891

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional)..... ►

755.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Erik Wangsness

Mailing Address 607 Copley Lane

City	State	Zip Code
Silver Spring	MD	20904-1310

FEC ID number of contributing federal political committee.

C

Name of Employer

Washington Adventist Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : 22737899

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

B. Ms. Patricia M.C. Brown

Mailing Address 154 Boone Trail

City	State	Zip Code
Severna Park	MD	21146-4535

FEC ID number of contributing federal political committee.

C

Name of Employer

Johns Hopkins Health System

Occupation

SVP, Managed Care & Population Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : 22737904

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

C. Mr. Joseph P Ross

Mailing Address 9702 Cleydeleven Drive

City	State	Zip Code
Hagerstown	MD	21740-1818

FEC ID number of contributing federal political committee.

C

Name of Employer

Meritus Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : 22737919

Amount of Each Receipt this Period

510.00

SUBTOTAL of Receipts This Page (optional)..... ►

1020.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Kevin Smothers MD

Mailing Address 2216 Bluemount Road

City

Monkton

State

MD

Zip Code

21111-1225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Adventist HealthCare Shady Grove Medic

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

10 / 02 / 2015

Transaction ID : 22737923

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

B. Ms. Pat Evans

Mailing Address 2312 Haversham Close

City

Virginia Beach

State

VA

Zip Code

23454-1153

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

HR Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 05 / 2015

Transaction ID : 22737927

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Richard L Haushalter

Mailing Address 2010 Health Campus Drive

City

Harrisonburg

State

VA

Zip Code

22801-3293

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara RMH Medical Center

Occupation

Senior Vice President Operations and C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 05 / 2015

Transaction ID : 22737928

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

955.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kurt T Hofelich

Mailing Address 600 Gresham Drive

City

Norfolk

State

VA

Zip Code

23507-1904

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Norfolk General Hospital

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2015

Transaction ID : 22737929

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. Valerie E Keane FACHE

Mailing Address 300 Princess Anne Street

City

Fredericksburg

State

VA

Zip Code

22401-6041

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Northern Virginia Medical Cent

Occupation

Vice President Operations

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2015

Transaction ID : 22737930

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms. Mary N Mannix FACHE

Mailing Address P O Box 1000

City

Fishersville

State

VA

Zip Code

22939-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Augusta Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2015

Transaction ID : 22737931

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Donna Picard

Mailing Address 2300 Opitz Boulevard

City

Woodbridge

State

VA

Zip Code

22191-3311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Northern Virginia Medical Cent

Occupation

Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2015

Transaction ID : 22737932

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Stephen A Nierman

Mailing Address 200 Avenue F NE

City

Winter Haven

State

FL

Zip Code

33881-4131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winter Haven Hospital

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : 22740805

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Mr. Kenneth R Mattison

Mailing Address 60 Memorial Medical Parkway

City

Palm Coast

State

FL

Zip Code

32164-5980

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital-Flagler

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : 22740806

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

700.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mark T Faulkner

Mailing Address P O Box 17500

City

Pensacola

State

FL

Zip Code

32522-7500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health Care Corporation

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : 22740813

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Mary C. Becker

Mailing Address 7800 South Eagle Road

City

Columbia

State

MO

Zip Code

65203-9017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Senior VP, Commc. & Health Improvement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2015

Transaction ID : 22740872

Amount of Each Receipt this Period

46.88

Full Name (Last, First, Middle Initial)

C. Ms. Jane C. Drummond

Mailing Address 3700 Chatham Drive

City

Columbia

State

MO

Zip Code

65203-5640

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

General Counsel & V.P. of Legal Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2015

Transaction ID : 22740876

Amount of Each Receipt this Period

31.25

SUBTOTAL of Receipts This Page (optional)..... ►

1078.13

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Herb B Kuhn

Mailing Address P O Box 60

City

Jefferson City

State

MO

Zip Code

65102-0060

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

875.00

Date of Receipt

10 / 05 / 2015

Transaction ID : 22740880

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Ms. Leslie Porth

Mailing Address P.O. Box 1816

City

Lake Ozark

State

MO

Zip Code

65049-1816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Vice President of Health Improvement

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

218.75

Date of Receipt

10 / 05 / 2015

Transaction ID : 22740883

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

C. Mr. Jeffrey Brickman FACHE

Mailing Address 11600 West Second Place

City

Lakewood

State

CO

Zip Code

80228-1527

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Anthony Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 06 / 2015

Transaction ID : 22741036

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

656.25

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Nancy Engle

Mailing Address 1700 Pine Grove Avenue

City State Zip Code
Colorado Springs CO 80906-2928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Hospital

Occupation

Government Affairs Advocate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2015

Transaction ID : 22741039

Amount of Each Receipt this Period

22.50

Full Name (Last, First, Middle Initial)

B. Mr. Brian Moore

Mailing Address 1008 Minnequa Avenue

City State Zip Code
Pueblo CO 81004-3733

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Mary-Corwin Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2015

Transaction ID : 22741040

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Richard M Ash

Mailing Address 450 Eastvold Avenue

City State Zip Code
Ortonville MN 56278-1252

FEC ID number of contributing
federal political committee.

C

Name of Employer

United Hospital District

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2015

Transaction ID : 22741058

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

357.50

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bradley Beard

Mailing Address 6401 France Avenue South

City State Zip Code
 Edina MN 55435-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Fairview Southdale Hospital

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

MM / DD / YYYY
 10 / 06 / 2015

Transaction ID : 22741059

Amount of Each Receipt this Period

160.00

Full Name (Last, First, Middle Initial)

B. Mr. Craig J Broman MHA, FACHE

Mailing Address 1406 Sixth Avenue North

City State Zip Code
 Saint Cloud MN 56303-1901

FEC ID number of contributing
federal political committee.

C

Name of Employer
 St. Cloud Hospital

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

MM / DD / YYYY
 10 / 06 / 2015

Transaction ID : 22742463

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Ms. Patricia DeLong

Mailing Address 523 North Third Street

City State Zip Code
 Brainerd MN 56401-3098

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Essentia Health St. Joseph's Medical C

Occupation
 Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 10 / 06 / 2015

Transaction ID : 22742465

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

430.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. George Gerlach

Mailing Address 345 Tenth Avenue

City

Granite Falls

State

MN

Zip Code

56241-1499

FEC ID number of contributing
federal political committee.

C

Name of Employer

Granite Falls Municipal Hospital and M

Occupation

Chief Executive Officer and Administra

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.50

Date of Receipt

10 / 06 / 2015

Transaction ID : 22742466

Amount of Each Receipt this Period

412.50

Full Name (Last, First, Middle Initial)

B. Mr. Michael D Hedrix

Mailing Address 109 Court Avenue South

City

Sandstone

State

MN

Zip Code

55072-5120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Essentia Health Sandstone

Occupation

Administrator and President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 06 / 2015

Transaction ID : 22742473

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Peter Henry MD

Mailing Address 523 North Third Street

City

Brainerd

State

MN

Zip Code

56401-3098

FEC ID number of contributing
federal political committee.

C

Name of Employer

Essentia Health St. Joseph's Medical C

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 06 / 2015

Transaction ID : 22742474

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1262.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. David C Herman MD

Mailing Address 502 East Second Street

City State Zip Code
Duluth MN 55805-1913

FEC ID number of contributing
federal political committee.

C

Name of Employer

Essentia Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
10 / 06 / 2015

Transaction ID : 22742475

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Steven Jorgensen

Mailing Address 3708 Tatum Trace

City State Zip Code
Jacksonville FL 32259-4525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Essentia Health

Occupation

Chief Operating Officer, East Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
10 / 06 / 2015

Transaction ID : 22742476

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Benjamin Koppelman

Mailing Address 600 Pleasant Avenue

City State Zip Code
Park Rapids MN 56470-1431

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHI St. Joseph's Health

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

MM / DD / YYYY
10 / 06 / 2015

Transaction ID : 22742477

Amount of Each Receipt this Period

115.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1615.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Rahul Koranne

Mailing Address 2550 University Avenue West, Suite

City

Saint Paul

State

MN

Zip Code

55114-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Senior Vice President, CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.96

Date of Receipt

10 / 06 / 2015

Transaction ID : 22742483

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Ms. Mary Krinkie

Mailing Address 2550 University Avenue W.
Suite 350-S

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 06 / 2015

Transaction ID : 22742484

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Mike Larson

Mailing Address 523 North Third Street

City

Brainerd

State

MN

Zip Code

56401-3098

FEC ID number of contributing
federal political committee.

C

Name of Employer

Essentia Health St. Joseph's Medical C

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 06 / 2015

Transaction ID : 22742485

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

860.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bryan Lydick

Mailing Address 100 Fallwood Road

City

Redwood Falls

State

MN

Zip Code

56283-1828

FEC ID number of contributing
federal political committee.

C

Name of Employer

Redwood Area Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

10 / 06 / 2015

Transaction ID : 22742486

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Ms. Mary B Maertens FACHE

Mailing Address 300 South Bruce Street

City

Marshall

State

MN

Zip Code

56258-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera Marshall Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

10 / 06 / 2015

Transaction ID : 22742487

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Mr. Bill Nelson

Mailing Address 200 North Elm Street

City

Onamia

State

MN

Zip Code

56359-7901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mille Lacs Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

10 / 06 / 2015

Transaction ID : 22742488

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Keith Okeson

Mailing Address 715 Delmore Avenue

City

Roseau

State

MN

Zip Code

56751-1534

FEC ID number of contributing
federal political committee.

C

Name of Employer

LifeCare Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
10 / 06 / 2015

Transaction ID : 22742490

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mr. Dave Pilot

Mailing Address 404 West Fountain Street

City

Albert Lea

State

MN

Zip Code

56007-2437

FEC ID number of contributing
federal political committee.

C

Name of Employer

Essentia Health St. Joseph's Medical C

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
10 / 06 / 2015

Transaction ID : 22742492

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Adam Rees

Mailing Address 523 North Third Street

City

Brainerd

State

MN

Zip Code

56401-3098

FEC ID number of contributing
federal political committee.

C

Name of Employer

Essentia Health St. Joseph's Medical C

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
10 / 06 / 2015

Transaction ID : 22742499

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Larry A Schulz

Mailing Address P O Box 728

City

Fergus Falls

State

MN

Zip Code

56538-0728

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Region Healthcare

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2015

Transaction ID : 22742500

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Mr. John H Solheim

Mailing Address 320 East Main Street

City

Crosby

State

MN

Zip Code

56441-1645

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cuyuna Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2015

Transaction ID : 22742501

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Mr. Randy Ulseth

Mailing Address 301 South Highway 65 South

City

Mora

State

MN

Zip Code

55051-1899

FEC ID number of contributing
federal political committee.

C

Name of Employer

FirstLight Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2015

Transaction ID : 22742503

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Steve Underdahl

Mailing Address 2000 North Avenue

City State Zip Code
 Northfield MN 55057-1498

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Northfield Hospital Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 06 2015

Transaction ID : 22742504

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

B. Mr. Carl P Vaagenes

Mailing Address 111 17th Avenue East

City State Zip Code
 Alexandria MN 56308-5273

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Douglas County Hospital Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 06 2015

Transaction ID : 22742505

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

c. Mr. Stanley F Hupfeld

Mailing Address 3030 Northwest Expressway, Suite 1

City State Zip Code
 Oklahoma City OK 73112-5470

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 INTEGRIS Health President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 01 2015

Transaction ID : 22743396

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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390.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Joseph Chirichella

Mailing Address 200 Trenton Road

City

Browns Mills

State

NJ

Zip Code

08015-1705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Deborah Heart and Lung Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

10 / 02 / 2015

Transaction ID : 22743749

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

B. Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.10

Date of Receipt

10 / 02 / 2015

Transaction ID : 22743757

Amount of Each Receipt this Period

19.50

Full Name (Last, First, Middle Initial)

C. Mr. Neil Eicher

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Deputy Director, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

10 / 02 / 2015

Transaction ID : 22743758

Amount of Each Receipt this Period

19.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

364.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael Guerriero

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.20

Date of Receipt

10 / 02 / 2015

Transaction ID : 22743762

Amount of Each Receipt this Period

33.15

Full Name (Last, First, Middle Initial)

B. Mr. Leslie D Hirsch FACHE

Mailing Address 25 Pocono Road

City

Denville

State

NJ

Zip Code

07834-2954

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Peter's University Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

10 / 02 / 2015

Transaction ID : 22743763

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

C. Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.45

Date of Receipt

10 / 02 / 2015

Transaction ID : 22743765

Amount of Each Receipt this Period

33.10

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

196.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David P. Lavins

Mailing Address 10 Fox Chase Road

City

Malvern

State

PA

Zip Code

19355-3441

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.70

Date of Receipt

10 / 02 / 2015

Transaction ID : 22743769

Amount of Each Receipt this Period

54.60

Full Name (Last, First, Middle Initial)

B. Mr. Stephen Miller

Mailing Address 1677 Whitehouse Road

City

Ambler

State

PA

Zip Code

19002-3126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capital Health

Occupation

Chief Compliance and Privacy Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

10 / 02 / 2015

Transaction ID : 22743773

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

C. Mr. Todd Way

Mailing Address 1 Pondview Drive

City

Swedesboro

State

NJ

Zip Code

08085-1869

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inspira Health Network

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

10 / 09 / 2015

Transaction ID : 22743777

Amount of Each Receipt this Period

650.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

964.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 147
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Barry Ostrowsky

Mailing Address 95 Old Short Hills Road

City
West OrangeState
NJZip Code
07052-1008FEC ID number of contributing
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : 22743779

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

B. Mr. Roger D. Sarao Jr.

Mailing Address 4 Poppy Lane

City
HowellState
NJZip Code
07731-1451FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : 22743782

Amount of Each Receipt this Period

19.50

Full Name (Last, First, Middle Initial)

C. Mr. Thomas W. Scott

Mailing Address 550 Perch Avenue

City
ManasquanState
NJZip Code
08736-3919FEC ID number of contributing
federal political committee.

C

Name of Employer

CentraState Healthcare System

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : 22743784

Amount of Each Receipt this Period

227.50

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

897.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John Slotman

Mailing Address 760 Alexander Road

City
PrincetonState
NJZip Code
08540-6305FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP, GME and Teaching Hospital Issues

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

452.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : 22743785

Amount of Each Receipt this Period

46.80

Full Name (Last, First, Middle Initial)

B. Mr. David Conejo

Mailing Address 1901 Red Rock Drive

City
GallupState
NMZip Code
87301-5683FEC ID number of contributing
federal political committee.

C

Name of Employer

Rehoboth McKinley Christian Health Car

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2015

Transaction ID : 22743806

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Jon Ness

Mailing Address 2003 Kootenai Health Way

City
Coeur D AleneState
IDZip Code
83814-6051FEC ID number of contributing
federal political committee.

C

Name of Employer

Kootenai Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2015

Transaction ID : 22744158

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

796.80

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Douglas Crabtree

Mailing Address P O Box 2077

City

Idaho Falls

State

ID

Zip Code

83403-2077

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Idaho Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 06 / 2015

Transaction ID : 22744159

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Rodney D Reider

Mailing Address 1055 North Curtis Road

City

Boise

State

ID

Zip Code

83706-1309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Alphonsus Regional Medical Cente

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 06 / 2015

Transaction ID : 22744160

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Elizabeth Hunsicker MBA, MHSA

Mailing Address 1717 Arlington

City

Caldwell

State

ID

Zip Code

83605-4802

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Valley Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

10 / 06 / 2015

Transaction ID : 22744161

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Larry Tisdale

Mailing Address 454 East Lake Creek

City

Meridian

State

ID

Zip Code

83642-4661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Idaho Hospital Association

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 06 / 2015

Transaction ID : 22744162

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Kara Besst

Mailing Address 700 South Main Street

City

Moscow

State

ID

Zip Code

83843-3056

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gritman Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 06 / 2015

Transaction ID : 22746446

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Jeff Taylor

Mailing Address 190 East Bannock

City

Boise

State

ID

Zip Code

83712-6241

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Luke's Regional Medical Center

Occupation

Vice President Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 06 / 2015

Transaction ID : 22746447

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Michael T Rooney MD

Mailing Address 415 Sixth Street

City

Lewiston

State

ID

Zip Code

83501-2431

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph Regional Medical Center

Occupation

Interim President and Chief Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 06 / 2015

Transaction ID : 22746448

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Steve Garske

Mailing Address 35055 E Hayden Lake Rd

City

Hayden

State

ID

Zip Code

83835-7054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kootenai Health

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 06 / 2015

Transaction ID : 22746449

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Sandee Moore-Gehrke

Mailing Address P O Box 2077

City

Idaho Falls

State

ID

Zip Code

83403-2077

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Luke's Health System

Occupation

Vice President of Operations Improve

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 06 / 2015

Transaction ID : 22746450

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Sally E Jeffcoat

Mailing Address 2126 W Falcon Point Ct

City

Boise

State

ID

Zip Code

83703-4298

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Alphonsus Regional Medical Cente

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2015

Transaction ID : 22746930

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms Janie G Nirk

Mailing Address 1010 S. Brincken Rd

City

Potlatch

State

ID

Zip Code

83855-9764

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gritman Medical Center

Occupation

Trustee

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2015

Transaction ID : 22746931

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Peter J Wright FACHE

Mailing Address 243 Elm Street

City

Claremont

State

NH

Zip Code

03743-4921

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Regional Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : 22748144

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Peter J Karl

Mailing Address 31 Union Street

City

Vernon

State

CT

Zip Code

06066-3126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockville General Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015

Transaction ID : 22748155

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Marie Beatrice Grause

Mailing Address 148 Main Street

City

Montpelier

State

VT

Zip Code

05602-2913

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vermont Association of Hospitals and H

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2015

Transaction ID : 22748181

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Mr. Brian A Gragnolati FACHE

Mailing Address P O Box 1905

City

Morristown

State

NJ

Zip Code

07962-1905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlantic Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015

Transaction ID : 22748203

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Evelyn Letnaunchyn

Mailing Address 225 Ariel Heights

City

Charleston

State

WV

Zip Code

25311-1143

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 08 / 2015

Transaction ID : 22748279

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Kathy A. Bizarro FACHE

Mailing Address 544 Upper Straw Rd

City

Hopkinton

State

NH

Zip Code

03229-2023

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.25

Date of Receipt

10 / 12 / 2015

Transaction ID : 22748283

Amount of Each Receipt this Period

22.75

Full Name (Last, First, Middle Initial)

c. Mr. Stephen M. Ahnen

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.50

Date of Receipt

10 / 12 / 2015

Transaction ID : 22748284

Amount of Each Receipt this Period

45.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

568.25

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 34 OF 147
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Paula Minnehan

Mailing Address 283 Gallopin Hill Road

City

Hopkinton

State

NH

Zip Code

03229-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			12			2015					

Transaction ID : 22748285

Amount of Each Receipt this Period

16.70

Full Name (Last, First, Middle Initial)

B. Mr. Michael R Edwards

Mailing Address P O Box 259

City

Morton

State

MS

Zip Code

39117-0259

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott Regional Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			08			2015					

Transaction ID : 22748311

Amount of Each Receipt this Period

87.50

Full Name (Last, First, Middle Initial)

C. Mr. Richard Grimes

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39110-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			08			2015					

Transaction ID : 22748312

Amount of Each Receipt this Period

21.87

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

126.07

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard G Hilton

Mailing Address P O Box 1506

City

Starkville

State

MS

Zip Code

39760-1506

FEC ID number of contributing
federal political committee.

C

Name of Employer

OCH Regional Medical Center

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

Transaction ID : 22748313

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mr. Gary Lee McCall Jr

Mailing Address P O Box 648

City

Philadelphia

State

MS

Zip Code

39350-0648

FEC ID number of contributing
federal political committee.

C

Name of Employer

Neshoba County General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

Transaction ID : 22748318

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Mr. Timothy H Moore

Mailing Address P O Box 1909

City

Madison

State

MS

Zip Code

39130-1909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

Transaction ID : 22748321

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 OF 147

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. William C Oliver

Mailing Address 6051 U S Highway 49

City

Hattiesburg

State

MS

Zip Code

39401-7200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Forrest General Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 08 / 2015

Transaction ID : 22748322

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Stephen Goeser FACHE

Mailing Address 17703 Jones St

City

Omaha

State

NE

Zip Code

68118-3525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nebraska Methodist Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2015

Transaction ID : 22748355

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Kevin Nokels FACHE

Mailing Address 6934 N 118th Cir

City

Omaha

State

NE

Zip Code

68142-1625

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHI Health Creighton University Medica

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2015

Transaction ID : 22748366

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 147
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael Schnieders FACHE

Mailing Address PO BOX 817

City

Kearney

State

NE

Zip Code

68848-0817

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHI Health Good Samaritan

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 07 / 2015

Transaction ID : 22748391

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Fredrick K Slunecka

Mailing Address 7200 S Burleigh Cir

City

Sioux Falls

State

SD

Zip Code

57108-5721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera Health

Occupation

Chief Operating Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

425.00

Date of Receipt

10 / 07 / 2015

Transaction ID : 22748392

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

c. Ms. Nancy D Adams RN, MBA

Mailing Address 37 Fisher Drive

City

Cumberland

State

MD

Zip Code

21502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Maryland Regional Medical Cent

Occupation

Senior Vice President and Chief Operat

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

10 / 14 / 2015

Transaction ID : 22748400

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

730.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Barry P. Ronan

Mailing Address 15119 Trailbridge Road, SW

City

Cumberland

State

MD

Zip Code

21502-5846

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Maryland Regional Medical Cent

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : 22748408

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

B. Ms. Christine R. Wray

Mailing Address 22302 Bretmar Drive

City

Leonardtown

State

MD

Zip Code

20650-2228

FEC ID number of contributing
federal political committee.

C

Name of Employer

MedStar St. Mary's Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : 22748413

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

C. Mr. Daniel R Kelly

Mailing Address 516 North Main Street

City

Watford City

State

ND

Zip Code

58854-7310

FEC ID number of contributing
federal political committee.

C

Name of Employer

McKenzie County Healthcare System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : 22748620

Amount of Each Receipt this Period

660.00

SUBTOTAL of Receipts This Page (optional)..... ►

1680.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 147
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Matthew L Anderson JD

Mailing Address 2550 University Avenue W.

City State Zip Code
Saint Paul MN 55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Regulatory/Strategic A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

876.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 14 2015

Transaction ID : 22748922

Amount of Each Receipt this Period

276.90

Full Name (Last, First, Middle Initial)

B. Mr. Nathan Blad

Mailing Address 611 East Fairview Avenue

City State Zip Code
Olivia MN 56277-4213

FEC ID number of contributing
federal political committee.

C

Name of Employer

RC Hospital and Clinics

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 14 2015

Transaction ID : 22748923

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Wendy Burt

Mailing Address 2550 University Avenue W.
Suite 350-S

City State Zip Code
Saint Paul MN 55114-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Communications & Publi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 14 2015

Transaction ID : 22748925

Amount of Each Receipt this Period

115.38

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

642.28

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 147
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Tania Daniels

Mailing Address 2550 University Avenue W.

City	State	Zip Code
Saint Paul	MN	55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Patient Safety

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : 22748926

Amount of Each Receipt this Period

115.38

Full Name (Last, First, Middle Initial)

B. Ms. Ann GibsonMailing Address 2550 University Avenue W.
Suite 350-S

City	State	Zip Code
Saint Paul	MN	55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Director, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : 22748929

Amount of Each Receipt this Period

115.38

Full Name (Last, First, Middle Initial)

C. Dr. Rahul Koranne

Mailing Address 2550 University Avenue West, Suite

City	State	Zip Code
Saint Paul	MN	55114-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Senior Vice President, CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

676.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : 22748932

Amount of Each Receipt this Period

285.72

SUBTOTAL of Receipts This Page (optional)..... ►

516.48

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Kristin Loncorich

Mailing Address 2550 University Avenue W.
Suite 350-S

City State Zip Code
Saint Paul MN 55114-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Director of State Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2015

Transaction ID : 22748933

Amount of Each Receipt this Period

115.38

Full Name (Last, First, Middle Initial)

B. Mr. Lawrence J Massa

Mailing Address 2550 University Avenue West, Suite

City State Zip Code
Saint Paul MN 55114-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2150.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2015

Transaction ID : 22748934

Amount of Each Receipt this Period

660.00

Full Name (Last, First, Middle Initial)

C. Mr. Ben Peltier

Mailing Address 2550 University Avenue W.
Suite 350-S

City State Zip Code
Saint Paul MN 55114-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Legal Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.93

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2015

Transaction ID : 22748936

Amount of Each Receipt this Period

350.82

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1126.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Joseph A Schindler

Mailing Address 2550 University Avenue W.
Suite 350-S

City State Zip Code
Saint Paul MN 55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2015

Transaction ID : 22748937

Amount of Each Receipt this Period

115.38

Full Name (Last, First, Middle Initial)

B. Mr. Mark Sonneborn

Mailing Address 2550 University Avenue W.

City State Zip Code
Saint Paul MN 55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President of Information Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.37

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2015

Transaction ID : 22748938

Amount of Each Receipt this Period

115.38

Full Name (Last, First, Middle Initial)

c. Ms. Peggy Westby

Mailing Address 2550 University Avenue W.
Suite 350-S

City State Zip Code
Saint Paul MN 55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2015

Transaction ID : 22748939

Amount of Each Receipt this Period

115.38

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

346.14

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 147
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. J. Britton Tabor

Mailing Address 975 East Third Street

City

Chattanooga

State

TN

Zip Code

37403-2147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Erlanger Medical Center

Occupation

Senior VP and Chief Financial Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

Transaction ID : 22749261

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. Dr. Reginald W Coopwood MD

Mailing Address 877 Jefferson Avenue

City

Memphis

State

TN

Zip Code

38103-2807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regional One Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

Transaction ID : 22749262

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

c. Dr. Michael H Schatzlein , M.D.Mailing Address 102 Woodmont Blvd
Suite 800

City

Nashville

State

TN

Zip Code

37205-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Thomas West Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

Transaction ID : 22749263

Amount of Each Receipt this Period

800.00

SUBTOTAL of Receipts This Page (optional)..... ►

2200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. H Alan Watson FACHE

Mailing Address 1224 Trotwood Avenue

City

Columbia

State

TN

Zip Code

38401-4802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maury Regional Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : 22749265

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

B. Mr Joe Burchfield

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Asst. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : 22749439

Amount of Each Receipt this Period

134.40

Full Name (Last, First, Middle Initial)

C. Mr. Chris Clarke

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Senior Vice President, Center for Pati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : 22749440

Amount of Each Receipt this Period

133.40

SUBTOTAL of Receipts This Page (optional)..... ►

1067.80

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael A. Dietrich

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.40

Date of Receipt

10 / 13 / 2015

Transaction ID : 22749442

Amount of Each Receipt this Period

133.40

Full Name (Last, First, Middle Initial)

B. Mr. James L. Goodloe

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.92

Date of Receipt

10 / 13 / 2015

Transaction ID : 22749443

Amount of Each Receipt this Period

166.72

Full Name (Last, First, Middle Initial)

C. Mr. Bill Jolley

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Vice-President-Rural Health Issues

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.40

Date of Receipt

10 / 13 / 2015

Transaction ID : 22749445

Amount of Each Receipt this Period

133.40

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

433.52

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Gwyn E Walters

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

VP for Research and Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : 22749449

Amount of Each Receipt this Period

133.40

Full Name (Last, First, Middle Initial)

B. Ms. Mary Layne VanCleave

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : 22749450

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

C. Ms. Darlene Swart

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Vice President and Clinical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : 22749451

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1333.40

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Mary Kay Clunies-Ross

Mailing Address 300 Elliott Avenue West, Suite 300

City
Seattle

State
WA

Zip Code
98119-4122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington State Hospital Association

Occupation

VP Communications & Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 07 / 2015

Transaction ID : 22750070

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Sharon A Fairchild

Mailing Address 22815 E Clearwater

City

Liberty Lake

State

WA

Zip Code

99019-9419

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Sacred Heart Medical Center

Occupation

VP, Marketing and Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 07 / 2015

Transaction ID : 22750071

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Mike Glenn

Mailing Address 834 Sheridan Street

City

Port Townsend

State

WA

Zip Code

98368-2443

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jefferson Healthcare

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 07 / 2015

Transaction ID : 22750072

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bryce R Helgersen

Mailing Address 2211 NE 139th Street
Suite 320

City State Zip Code
Vancouver WA 98686-2742

FEC ID number of contributing
federal political committee.

C

Name of Employer

Legacy Salmon Creek Medical Center

Occupation

Chief Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2015

Transaction ID : 22750078

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Barbara Hyland-Hill

Mailing Address 19400 4th Place SW

City State Zip Code
Normandy Park WA 98166-4167

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Regional Medical Center Eve

Occupation

Director, Nursing Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2015

Transaction ID : 22750079

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Adonna F Lowe RN, MA, FA

Mailing Address 22712 Dam Site Loop

City State Zip Code
Garfield AR 72732-8947

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth Southwest Medical Center

Occupation

Vice President, Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2015

Transaction ID : 22750080

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Rebecca Pohlad

Mailing Address 981 Hannah Rd

City

Friday Harbor

State

WA

Zip Code

98250-8890

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth Peace Island Medical Cente

Occupation

Trustee

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

Transaction ID : 22750081

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Rosanne Ponzetti

Mailing Address 2805 NE 110th Street

City

Vancouver

State

WA

Zip Code

98686-4224

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth Southwest Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

Transaction ID : 22750082

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Bruce Williams

Mailing Address 8050 E. Leavenworth Rd

City

Leavenworth

State

WA

Zip Code

98826-9315

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cascade Medical Center

Occupation

Board Commissioner

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

Transaction ID : 22750101

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Cassie Sauer

Mailing Address 300 Elliott Avenue West
Suite 300

City State Zip Code
Seattle WA 98119-4198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington State Hospital Association

Occupation
Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2015

Transaction ID : 22750102

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Mr. Jon D Smiley

Mailing Address 1012 South Third Street

City State Zip Code
Dayton WA 99328-1606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia County Health System

Occupation
Interim Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2015

Transaction ID : 22750107

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Lois I Bernstein

Mailing Address 409 South J Street
Post Office Box 5299

City State Zip Code
Tacoma WA 98405-4272

FEC ID number of contributing
federal political committee.

C

Name of Employer
MultiCare Mary Bridge Children's Hospi

Occupation
Senior Vice President Community Servic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2015

Transaction ID : 22751466

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms Shelly Mullin

Mailing Address 315 Martin Luther King Jr Way

City State Zip Code
Tacoma WA 98405-4234

FEC ID number of contributing
federal political committee.

C

Name of Employer
MultiCare Tacoma General Hospital

Occupation
Vice President and Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
10 / 08 / 2015

Transaction ID : 22751467

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Anna Loomis

Mailing Address 1917 27th Place SE

City State Zip Code
Puyallup WA 98372-5141

FEC ID number of contributing
federal political committee.

C

Name of Employer
MultiCare Good Samaritan Hospital

Occupation
Interim Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
10 / 08 / 2015

Transaction ID : 22751468

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Claire Spain-Remy MD

Mailing Address PO Box 5299
MS: 1501-2-MMG

City State Zip Code
Tacoma WA 98415-0299

FEC ID number of contributing
federal political committee.

C

Name of Employer
MultiCare Health System

Occupation
Senior Vice President, MultiCare Medic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
10 / 08 / 2015

Transaction ID : 22751470

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gary McLaughlin

Mailing Address 1035 116th Avenue NE

City

Bellevue

State

WA

Zip Code

98004-4686

FEC ID number of contributing
federal political committee.

C

Name of Employer

Overlake Medical Center

Occupation

Executive Vice President Finance and C

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : 22751471

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms Caitlin Hillary-Moulding

Mailing Address 1607 8th Ave West

City

Seattle

State

WA

Zip Code

98119-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Overlake Medical Center

Occupation

Chief Strategy Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : 22751472

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms Joyce Lammert

Mailing Address 1509 4th Avenue North

City

Seattle

State

WA

Zip Code

98109-2902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Mason Medical Center

Occupation

Hospital Medical Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : 22751473

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Kathleen Paul

Mailing Address P O Box 900

City
Seattle

State
WA

Zip Code
98111-0900

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Mason Medical Center

Occupation

Vice President Communications and Publ

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 08 / 2015

Transaction ID : 22751474

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Ben Lindekugel

Mailing Address 300 Elliott Avenue West
Suite 300

City
Seattle

State
WA

Zip Code
98119-4122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Association of WA Public Hospital Dist

Occupation

Director, Member Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

10 / 08 / 2015

Transaction ID : 22751475

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

C. Mr. J. Michael Marsh

Mailing Address 1035 116th Avenue NE
Suite 340

City
Bellevue

State
WA

Zip Code
98004-4604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Overlake Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 08 / 2015

Transaction ID : 22751476

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1075.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr James Polo

Mailing Address 5012 Old Stump Drive

City

Gig Harbor

State

WA

Zip Code

98332-7801

FEC ID number of contributing
federal political committee.

C

Name of Employer

MultiCare Health System

Occupation

Physician Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 08 / 2015

Transaction ID : 22751477

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. William G Robertson

Mailing Address P O Box 5299
#211

City

Tacoma

State

WA

Zip Code

98415-0299

FEC ID number of contributing
federal political committee.

C

Name of Employer

MultiCare Tacoma General Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 08 / 2015

Transaction ID : 22751478

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

c. Ms. Kathy A. Bizarro FACHE

Mailing Address 544 Upper Straw Rd

City

Hopkinton

State

NH

Zip Code

03229-2023

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

10 / 21 / 2015

Transaction ID : 22753999

Amount of Each Receipt this Period

22.75

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1272.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen M. Ahnen

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

10 / 21 / 2015

Transaction ID : 22754001

Amount of Each Receipt this Period

45.50

Full Name (Last, First, Middle Initial)

B. Ms. Paula Minnehan

Mailing Address 283 Gallopiny Hill Road

City

Hopkinton

State

NH

Zip Code

03229-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

10 / 21 / 2015

Transaction ID : 22754002

Amount of Each Receipt this Period

16.70

Full Name (Last, First, Middle Initial)

C. Mr. Damon Harbison

Mailing Address 10441 West Aster Road

City

Saint Jacob

State

IL

Zip Code

62281-1831

FEC ID number of contributing
federal political committee.

C

Name of Employer

SSM Health Cardinal Glennon Children's

Occupation

Interim Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.50

Date of Receipt

10 / 15 / 2015

Transaction ID : 22754011

Amount of Each Receipt this Period

277.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

339.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. John R. Peter

Mailing Address 505 Shiloh Station Road

City State Zip Code
 Belleville IL 62221-7601

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 SSM Health Cardinal Glennon Children's Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.50

Date of Receipt

M M / D D / Y Y Y Y Y
 10 15 2015

Transaction ID : 22754012

Amount of Each Receipt this Period

277.50

Full Name (Last, First, Middle Initial)

B. Ms. Marna P Borgstrom

Mailing Address 20 York Street

City State Zip Code
 New Haven CT 06510-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Yale-New Haven Hospital Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 23 2015

Transaction ID : 22754019

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Kevin A. Myatt

Mailing Address 20 York Street

City State Zip Code
 New Haven CT 06510-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Yale-New Haven Hospital Sr. Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 20 2015

Transaction ID : 22754385

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1527.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Michael Loftus

Mailing Address 789 Howard Avenue

City

New Haven

State

CT

Zip Code

06519-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale New Haven Health System

Occupation

Manager, Revenue Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : 22754386

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael T Baxter

Mailing Address 400 West 16th Street

City

Pueblo

State

CO

Zip Code

81003-2781

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parkview Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

533.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : 22754463

Amount of Each Receipt this Period

33.75

Full Name (Last, First, Middle Initial)

C. Mr. W Kent Rogers

Mailing Address 1311 North Mildred Road

City

Cortez

State

CO

Zip Code

81321-2231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : 22754464

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

783.75

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 58 OF 147
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. William Cook

Mailing Address 12401 E. 17th Ave, MSF417

City	State	Zip Code
Aurora	CO	80045-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2015

Transaction ID : 22754466

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Mel McNea

Mailing Address 3402 West F St

City	State	Zip Code
North Platte	NE	69101-5899

FEC ID number of contributing
federal political committee.

C

Name of Employer

Great Plains Health

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

Transaction ID : 22754549

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Gary Perkins FACHE

Mailing Address 22621 Homestead Rd

City	State	Zip Code
Elkhorn	NE	68022-2412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Hospital & Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

Transaction ID : 22754552

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Cliff Robertson MD

Mailing Address 12313 Scott Cir

City

Omaha

State

NE

Zip Code

68142-1688

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHI Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2015

Transaction ID : 22754553

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms Annamay Felkey

Mailing Address 2017 Monroe St

City

Waynesboro

State

VA

Zip Code

22980-2383

FEC ID number of contributing
federal political committee.

C

Name of Employer

Augusta Health

Occupation

Practice Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 23 / 2015

Transaction ID : 22754641

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms Sarah Hash-Rodgers

Mailing Address 728 Cattle Scales Rd

City

Waynesboro

State

VA

Zip Code

22980-6332

FEC ID number of contributing
federal political committee.

C

Name of Employer

Augusta Health

Occupation

Corporate Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 23 / 2015

Transaction ID : 22754642

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Curtis E. Mills Jr.

Mailing Address 3317 Kingsbury Circle

City

Roanoke

State

VA

Zip Code

24014-1365

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 22754643

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert Riley

Mailing Address 95 Villa View Drive

City

Staunton

State

VA

Zip Code

24401-5680

FEC ID number of contributing
federal political committee.

C

Name of Employer

Augusta Health

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 22754644

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms. Kathy Stumbo

Mailing Address 11203 Main Street

City

Martin

State

KY

Zip Code

41649-7999

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Joseph - Martin

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2015

Transaction ID : 22754652

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X)
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for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Lori Jarboe

Mailing Address 134 Heartland Drive

City

Elizabethtown

State

KY

Zip Code

42701-2778

FEC ID number of contributing
federal political committee.

C

Name of Employer

HEALTHSOUTH Lakeview Rehabilitation Ho

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

655.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : 22754653

Amount of Each Receipt this Period

655.50

Full Name (Last, First, Middle Initial)

B. Ms. Ruth W BrinkleyMailing Address 222 E. Witherspoon
#1104

City

Louisville

State

KY

Zip Code

40202-6308

FEC ID number of contributing
federal political committee.

C

Name of Employer

KentuckyOne

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : 22754654

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Harry L Berry

Mailing Address 913 North Dixie Avenue

City

Elizabethtown

State

KY

Zip Code

42701-2503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hardin Memorial Hospital

Occupation

Chairman

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : 22754656

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

1355.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael Slusher

Mailing Address P O Box 340

City State Zip Code
Middlesboro KY 40965-0340

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Middlesboro ARH Hospital Community Chief Executive Officer

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 15 2015

Transaction ID : 22754658

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert Broermann

Mailing Address 6015 Poplar Hall Drive

City State Zip Code
Norfolk VA 23502-3819

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Sentara Healthcare Senior Vice President and Chief Financ

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 15 2015

Transaction ID : 22754674

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Kerri Thornton

Mailing Address 1412 Sherwood Avenue

City State Zip Code
Roanoke VA 24015-3034

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Carilion Clinic Trustee

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 15 2015

Transaction ID : 22754680

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Roy G Vinyard FACHE

Mailing Address 2650 Siskiyou Boulevard, Suite 200

City

Medford

State

OR

Zip Code

97504-8170

FEC ID number of contributing
federal political committee.

C

Name of Employer

Asante Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : 22755890

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms Kristi Blackhurst

Mailing Address 338 Cliffwood Ct

City

Medford

State

OR

Zip Code

97504-9033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Asante Rogue Regional Medical Center

Occupation

Interim Vice President Operations

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : 22755891

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr Mark Hertz

Mailing Address 1978 Foots Creek Rd

City

Gold Hill

State

OR

Zip Code

97525-9711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Asante Health System

Occupation

Chief Information Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : 22755892

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr James Gerbosky

Mailing Address 55 Granite St

City

Ashland

State

OR

Zip Code

97520-2752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Asante Rogue Regional Medical Center

Occupation

VP, Medical Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : 22755893

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Erik Thorsen

Mailing Address 2111 Exchange Street

City

Astoria

State

OR

Zip Code

97103-3329

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbia Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : 22755894

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. James A Mattes

Mailing Address P O Box 3290

City

La Grande

State

OR

Zip Code

97850-3290

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grande Ronde Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : 22756220

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

1350.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 147
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Susan Mullaney

Mailing Address 1965 SW Carter Lane

City State Zip Code
 Portland OR 97201-2478

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Vice President, Hospital Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 20 2015

Transaction ID : 22756221

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. George J Brown MD

Mailing Address 1919 NW Lovejoy Street

City State Zip Code
 Portland OR 97209-1503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Legacy Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 20 2015

Transaction ID : 22756222

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Don Toussaint

Mailing Address 2113 NE 55 Avenue

City State Zip Code
 Portland OR 97213-2622

FEC ID number of contributing
federal political committee.

C

Name of Employer

Legacy Health

Occupation

Vice President Laboratory Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 20 2015

Transaction ID : 22756227

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Michael Newcomb DO

Mailing Address 11315 Bridgeport Way SW

City State Zip Code
Tacoma WA 98499-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Legacy Health

Senior Vice President and Chief Operat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 20 2015

Transaction ID : 22756229

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. Sonja Steves

Mailing Address 2801 North Gantenbein Avenue

City State Zip Code
Portland OR 97227-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Legacy Health

Senior Vice President Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 20 2015

Transaction ID : 22756233

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas Bickett

Mailing Address 8109 SE 145th Ct.

City State Zip Code
Portland OR 97236-5384

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Legacy Health

Vice President Facility Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 20 2015

Transaction ID : 22756234

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Susan Ellison

Mailing Address 19300 Southwest 65th Avenue

City State Zip Code
Tualatin OR 97062-7706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Legacy Meridian Park Medical Center

Occupation
Director of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2015

Transaction ID : 22756663

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Trent Green

Mailing Address 111010 SW Tryon Ave

City State Zip Code
Portland OR 97219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Legacy Salmon Creek Medical Center

Occupation
Senior Vice President Strategic Planni

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2015

Transaction ID : 22756664

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Lewis Low MD

Mailing Address 9222 NW Murdock

City State Zip Code
Portland OR 97229-8087

FEC ID number of contributing
federal political committee.

C

Name of Employer

Legacy Health

Occupation

Senior Vice President and Chief Medica

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2015

Transaction ID : 22756665

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. John Jay Kenagy PhD

Mailing Address 1801 Lind Avenue SW, 9016

City
Renton

State
WA

Zip Code
98057-3368

FEC ID number of contributing
federal political committee.

C

Name of Employer

Legacy Meridian Park Medical Center

Occupation

Senior Vice President and Chief Inform

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2015

Transaction ID : 22756666

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Jonathan Avery

Mailing Address 1015 NW 22nd Avenue

City
Portland

State
OR

Zip Code
97210-3025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Legacy Good Samaritan Hospital and Med

Occupation

Chief Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2015

Transaction ID : 22756668

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms. Linda Hoff

Mailing Address 1900 SW River Dr

City
Portland

State
OR

Zip Code
97201-8043

FEC ID number of contributing
federal political committee.

C

Name of Employer

Legacy Mount Hood Medical Center

Occupation

Senior Vice President and Chief Financ

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2015

Transaction ID : 22756669

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kelly C Morgan

Mailing Address 2700 Stewart Parkway

City State Zip Code
 Roseburg OR 97471-1281

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Mercy Medical Center President and Chief Executive Officer

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 20 2015

Transaction ID : 22756670

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. David T Underiner

Mailing Address 2690 Surrey Lane

City State Zip Code
 West Linn OR 97068-2268

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Providence Health & Services Chief Executive Officer, Portland Serv

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 20 2015

Transaction ID : 22756671

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Ms Cheryl Wolfe

Mailing Address 252 Muirfield Ave SE

City State Zip Code
 Salem OR 97306-8594

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Salem Health Chief Operations Officer

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 20 2015

Transaction ID : 22756672

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Mark C. Adams MD

Mailing Address 1717 South J Street

City	State	Zip Code
Tacoma	WA	98405-4933

FEC ID number of contributing federal political committee.

C

Name of Employer

Franciscan Health System

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2015

Transaction ID : 22756906

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Catherine Bambrick

Mailing Address 603 South Chestnut Street

City	State	Zip Code
Ellensburg	WA	98926-3875

FEC ID number of contributing federal political committee.

C

Name of Employer

Kittitas Valley Healthcare

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2015

Transaction ID : 22756907

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas Bickett

Mailing Address 8109 SE 145th Ct.

City	State	Zip Code
Portland	OR	97236-5384

FEC ID number of contributing federal political committee.

C

Name of Employer

Legacy Health

Occupation

Vice President Facility Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2015

Transaction ID : 22756908

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

825.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Andrew Busz

Mailing Address 300 Elliott Avenue West
Suite 300

City State Zip Code
Seattle WA 98119-4198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington State Hospital Association

Occupation
Director, Financial Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2015

Transaction ID : 22756909

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Julie Clayton RN, MSN

Mailing Address 1035 116th Avenue NE

City State Zip Code
Bellevue WA 98004-4604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Overlake Medical Center

Occupation
Chief Nursing Officer and Vice Preside

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2015

Transaction ID : 22756910

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Tim Cooper

Mailing Address 723 Memorial Street

City State Zip Code
Prosser WA 99350-1524

FEC ID number of contributing
federal political committee.

C

Name of Employer
PMH Medical Center

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2015

Transaction ID : 22756911

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 72 OF 147
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas DeBord

Mailing Address 836 2nd Avenue #301

City
KirklandState
WAZip Code
98033-3927FEC ID number of contributing
federal political committee.

C

Name of Employer

Overlake Medical Center

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

Transaction ID : 22756912

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Mark Gary

Mailing Address P O Box 5299

City
TacomaState
WAZip Code
98415-0299FEC ID number of contributing
federal political committee.

C

Name of Employer

MultiCare Mary Bridge Children's Hospi

Occupation

Senior Vice President and Corporate Ge

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

Transaction ID : 22756915

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Jean Hordyk

Mailing Address 1122 East 9th Street

City
Port AngelesState
WAZip Code
98362-6633FEC ID number of contributing
federal political committee.

C

Name of Employer

Olympic Medical Center

Occupation

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

Transaction ID : 22756916

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Glenn Kasman

Mailing Address 401 14th Avenue SE

City

Puyallup

State

WA

Zip Code

98372-3770

FEC ID number of contributing
federal political committee.

C

Name of Employer

MultiCare Good Samaritan Hospital

Occupation

President, East Pierce Region

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2015

Transaction ID : 22756917

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr David Schultz

Mailing Address 6855 NW Brothers View Lane

City

Silverdale

State

WA

Zip Code

98383-8204

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHI Franciscan Health System

Occupation

Market President, Peninsula Region

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2015

Transaction ID : 22756918

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr Richard Spiegel

Mailing Address 2202 West Chestnut Avenue

City

Yakima

State

WA

Zip Code

98902-3745

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yakima Valley Memorial Hospital

Occupation

President and CEO, Signal Health

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2015

Transaction ID : 22756919

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms Molly Stearns

Mailing Address 3227 84th Ave SE

City State Zip Code
 Mercer Island WA 98040-3017

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Overlake Medical Center Chief Development Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 19 2015

Transaction ID : 22756920

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms Carol Wagner

Mailing Address 300 Elliott Avenue West
 Suite 300

City State Zip Code
 Seattle WA 98119-4198

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Washington State Hospital Association Sr. Vice President Patient Safety Prog

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 19 2015

Transaction ID : 22756921

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. John Beitzel

Mailing Address 939 Caroline Street

City State Zip Code
 Port Angeles WA 98362-3909

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Olympic Medical Center Board President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 19 2015

Transaction ID : 22756922

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City

Langhorne

State

PA

Zip Code

19047-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : 22756995

Amount of Each Receipt this Period

162.50

Full Name (Last, First, Middle Initial)

B. Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : 22756999

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

C. Mr. Michael Guerriero

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

349.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : 22757002

Amount of Each Receipt this Period

6.50

SUBTOTAL of Receipts This Page (optional)..... ►

175.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David P. Lavins

Mailing Address 10 Fox Chase Road

City State Zip Code
 Malvern PA 19355-3441

FEC ID number of contributing
federal political committee.

C

Name of Employer
 New Jersey Hospital Association

Occupation
 Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.20

Date of Receipt

M M / D D / Y Y Y Y Y
 10 16 2015

Transaction ID : 22757006

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

B. Mr. David Mebane

Mailing Address 712 Forest Avenue

City State Zip Code
 Westfield NJ 07090-4323

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Barnabas Health

Occupation
 Vice President Legal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y
 10 16 2015

Transaction ID : 22757008

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

c. Mr. Roger D. Sarao Jr.

Mailing Address 4 Poppy Lane

City State Zip Code
 Howell NJ 07731-1451

FEC ID number of contributing
federal political committee.

C

Name of Employer
 New Jersey Hospital Association

Occupation
 VP Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.50

Date of Receipt

M M / D D / Y Y Y Y Y
 10 16 2015

Transaction ID : 22757015

Amount of Each Receipt this Period

6.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

240.50

SCHEDULE A (FEC Form 3X)
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John Slotman

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP, GME and Teaching Hospital Issues

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

458.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : 22757017

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

B. Mr. Keith Boroch

Mailing Address 5440 Weyhill Lane

City

Doylestown

State

PA

Zip Code

18902-8701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 22757025

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

C. Mr. Matthew Fulton

Mailing Address 125 Oak Ridge Avenue

City

Summit

State

NJ

Zip Code

07901-4308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

Senior Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 22757028

Amount of Each Receipt this Period

227.50

SUBTOTAL of Receipts This Page (optional)..... ►

559.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 78 OF 147
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Patrick Young

Mailing Address 2926 Comfort Road

City	State	Zip Code
New Hope	PA	18938-5620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Meridian Health

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : 22757035

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

B. Ms. LaWanna S. Halstead RN, MPH

Mailing Address 4000 Lincoln Boulevard

City	State	Zip Code
Oklahoma City	OK	73105-5207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oklahoma Hospital Association

Occupation

VP, Quality & Clinical Initiatives

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

Transaction ID : 22757039

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Lynne Stewart White

Mailing Address 4000 Lincoln Boulevard

City	State	Zip Code
Oklahoma City	OK	73105-5207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oklahoma Hospital Association

Occupation

Director of Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

Transaction ID : 22757040

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Mary Winters

Mailing Address 7750 N Chisholm Hill Rd

City

Yukon

State

OK

Zip Code

73099-9134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oklahoma Hospital Association

Occupation

VP Education & Support Services

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 19 / 2015

Transaction ID : 22757041

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Rick Snyder

Mailing Address 4000 Lincoln Boulevard

City

Oklahoma City

State

OK

Zip Code

73105-5207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oklahoma Hospital Association

Occupation

Vice President, Finance & Information

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 19 / 2015

Transaction ID : 22757042

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Shelby Faust

Mailing Address 4000 Lincoln Boulevard

City

Oklahoma City

State

OK

Zip Code

73105-5207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oklahoma Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

10 / 19 / 2015

Transaction ID : 22757043

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1010.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Reid F Jones

Mailing Address 7634 Cottonridge Rd

City

Trussville

State

AL

Zip Code

35173-2607

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB Health System

Occupation

Chief Operating Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : 22757054

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Anthony Patterson

Mailing Address 619 19th Street South

City

Birmingham

State

AL

Zip Code

35249-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama Hospital

Occupation

Senior Vice President Inpatient Servic

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : 22757055

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mrs. Jennie R Rhinehart

Mailing Address 805 Friendship Road

City

Tallasse

State

AL

Zip Code

36078-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer

Community Hospital

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : 22757056

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Donald Lilly

Mailing Address 838 Willow Oak Dr

City State Zip Code
Hoover AL 35244-1630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Callahan Eye Foundation Hospital

Occupation
Interim Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 20 2015

Transaction ID : 22757057

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. David Randall

Mailing Address 500 22nd Street South, Ste. 40

City State Zip Code
Birmingham AL 35233-3110

FEC ID number of contributing
federal political committee.

C

Name of Employer
UAB Health System

Occupation
Senior Vice President of Strategic Pla

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 20 2015

Transaction ID : 22757058

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms Dawn Bulgarella

Mailing Address 7413 Ashland Lane

City State Zip Code
Vestavia AL 35242-2517

FEC ID number of contributing
federal political committee.

C

Name of Employer
UAB Health System

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 20 2015

Transaction ID : 22757060

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Loring Rue MD

Mailing Address 5208 Mountain Ridge Pkwy

City State Zip Code
Birmingham AL 35222-4143

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
University of Alabama Hospital Senior Vice President, Quality Patient

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 20 2015

Transaction ID : 22757061

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Dr. William Ferniany

Mailing Address 500 22nd Street South, Suite 408

City State Zip Code
Birmingham AL 35233-3110

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
UAB Health System Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 20 2015

Transaction ID : 22757062

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr Nate Horsley

Mailing Address 8320 Glynnwood Dr

City State Zip Code
Montgomery AL 36117

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
University of Alabama at Birmingham Senior Health Policy Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 20 2015

Transaction ID : 22757063

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Christopher B Griffin

Mailing Address P O Box 908

City

Brewton

State

AL

Zip Code

36427-0908

FEC ID number of contributing
federal political committee.

C

Name of Employer

D. W. McMillan Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2015

Transaction ID : 22757064

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert Bonar Jr.

Mailing Address 2525 Chicago Avenue South

City

Minneapolis

State

MN

Zip Code

55404-4518

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Hospitals and Clinics of Mi

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : 22759320

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Mr. Kurt Schley

Mailing Address 900 E Broadway Ave

City

Bismarck

State

ND

Zip Code

58501-4520

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHI St. Alexius Health

Occupation

Market Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : 22759322

Amount of Each Receipt this Period

660.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1510.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas Balcavage

Mailing Address 306 Dye Way

City

Moorestown

State

NJ

Zip Code

08057-3992

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kennedy Health

Occupation

Vice President Information Systems and

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 22759386

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

B. Dr. John F Bonamo MD, MS

Mailing Address 3 Northridge Drive

City

Florham Park

State

NJ

Zip Code

07932-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 22759393

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

C. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City

Langhorne

State

PA

Zip Code

19047-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 22759400

Amount of Each Receipt this Period

6.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

559.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : 22759406

Amount of Each Receipt this Period

19.50

Full Name (Last, First, Middle Initial)

B. Mr. Michael Guerriero

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : 22759412

Amount of Each Receipt this Period

33.15

Full Name (Last, First, Middle Initial)

C. Mr. Leslie D Hirsch FACHE

Mailing Address 25 Pocono Road

City

Denville

State

NJ

Zip Code

07834-2954

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Peter's University Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : 22759413

Amount of Each Receipt this Period

130.00

SUBTOTAL of Receipts This Page (optional)..... ►

182.65

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David P. Lavins

Mailing Address 10 Fox Chase Road

City

Malvern

State

PA

Zip Code

19355-3441

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 22759420

Amount of Each Receipt this Period

54.60

Full Name (Last, First, Middle Initial)

B. Mr. Roger D. Sarao Jr.

Mailing Address 4 Poppy Lane

City

Howell

State

NJ

Zip Code

07731-1451

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 22759434

Amount of Each Receipt this Period

19.50

Full Name (Last, First, Middle Initial)

C. Mr. John Slotman

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP, GME and Teaching Hospital Issues

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 22759435

Amount of Each Receipt this Period

46.80

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.90

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms Jean Haynes

Mailing Address 12401 E. 17th Ave, MSF417

City	State	Zip Code
Aurora	CO	80045-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado Health

Occupation

Chief Population Health Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2015

Transaction ID : 22787850

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. James V. Ferando

Mailing Address P O Box 25489

City	State	Zip Code
Phoenix	AZ	85002-5489

FEC ID number of contributing
federal political committee.

C

Name of Employer

Banner Health - Western Region

Occupation

President Western Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2015

Transaction ID : 22787852

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Jameson Smith

Mailing Address P O Box 7021

City	State	Zip Code
Colorado Springs	CO	80933-7021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Penrose-St. Francis Health Services

Occupation

Chief Admin Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2015

Transaction ID : 22787867

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Carole Peet RN, MSN, M

Mailing Address 14300 Orchard Parkway

City

Westminster

State

CO

Zip Code

80023-9206

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Anthony North Health Campus

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 28 / 2015

Transaction ID : 22787911

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Charles D Beaman Jr

Mailing Address P O Box 2266

City

Columbia

State

SC

Zip Code

29202-2266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palmetto Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 27 / 2015

Transaction ID : 22787972

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Paul K Duane

Mailing Address P O Box 2266

City

Columbia

State

SC

Zip Code

29202-2266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palmetto Health Baptist

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 27 / 2015

Transaction ID : 22787976

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Michelle Edwards

Mailing Address 1301 Taylor Street, Suite 9-A

City State Zip Code
Columbia SC 29201-2963

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palmetto Health Baptist

Occupation

Executive Vice President Information T

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 27 / 2015

Transaction ID : 22787977

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Todd Miller

Mailing Address 517 Autumn Circle

City State Zip Code
Columbia SC 29206-4983

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palmetto Health

Occupation

System Vice President Marketing & Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 27 / 2015

Transaction ID : 22787987

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mr. John J Singerling III FACHE

Mailing Address P O Box 2266

City State Zip Code
Columbia SC 29202-2266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palmetto Health

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 27 / 2015

Transaction ID : 22787991

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas J Sadvary FACHE

Mailing Address 8125 North Hayden Road

City

Scottsdale

State

AZ

Zip Code

85258-2463

FEC ID number of contributing
federal political committee.

C

Name of Employer

HonorHealth

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : 22788062

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Paul S Black

Mailing Address PO Box 967

City

Louisville

State

MS

Zip Code

39339-0967

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winston Medical Center

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : 22788508

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael R Edwards

Mailing Address P O Box 259

City

Morton

State

MS

Zip Code

39117-0259

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott Regional Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : 22788523

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

540.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard Grimes

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39110-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.64

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2015

Transaction ID : 22788529

Amount of Each Receipt this Period

14.58

Full Name (Last, First, Middle Initial)

B. Mr. G Douglas Higginbotham

Mailing Address P O Box 607

City

Laurel

State

MS

Zip Code

39441-0607

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Central Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.50

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2015

Transaction ID : 22788532

Amount of Each Receipt this Period

25.50

Full Name (Last, First, Middle Initial)

c. Mr. Richard G Hilton

Mailing Address P O Box 1506

City

Starkville

State

MS

Zip Code

39760-1506

FEC ID number of contributing
federal political committee.

C

Name of Employer

OCH Regional Medical Center

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2015

Transaction ID : 22788534

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.08

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Alvin Hoover FACHE

Mailing Address P O Box 948

City

Brookhaven

State

MS

Zip Code

39602-0948

FEC ID number of contributing
federal political committee.

C

Name of Employer

King's Daughters Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : 22788535

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Mr. James H Jackson Jr

Mailing Address Drawer 1410

City

Greenwood

State

MS

Zip Code

38935-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenwood Leflore Hospital

Occupation

Executive Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : 22788537

Amount of Each Receipt this Period

104.00

Full Name (Last, First, Middle Initial)

C. Mr. Steve Lesley

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39130-1909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

Director of Data Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

200.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : 22788542

Amount of Each Receipt this Period

38.24

SUBTOTAL of Receipts This Page (optional)..... ►

157.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gary Lee McCall Jr

Mailing Address P O Box 648

City

Philadelphia

State

MS

Zip Code

39350-0648

FEC ID number of contributing
federal political committee.

C

Name of Employer

Neshoba County General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : 22788545

Amount of Each Receipt this Period

0.50

Full Name (Last, First, Middle Initial)

B. Mr. Timothy H Moore

Mailing Address P O Box 1909

City

Madison

State

MS

Zip Code

39130-1909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

836.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : 22788552

Amount of Each Receipt this Period

1.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael D. Aubin

Mailing Address 6445 Renwick Circle

City

Tampa

State

FL

Zip Code

33647-1176

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

President

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : 22788594

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

251.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Philip Braun

Mailing Address PO Box 492256

City

Leesburg

State

FL

Zip Code

34749-2256

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Florida Health Alliance

Occupation

Vice President/General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

10 / 29 / 2015

Transaction ID : 22788596

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr. Susan L Davis RN, EdD, F

Mailing Address 738 Peakes Point Dr

City

Gulf Breeze

State

FL

Zip Code

32561-4127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sacred Heart Hospital of Pensacola

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 29 / 2015

Transaction ID : 22788600

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Saad Ehtisham RN, MBA, M

Mailing Address 9548 Mid Summer

City

Leesburg

State

FL

Zip Code

34788-3698

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Florida Health Alliance

Occupation

Senior VP and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 29 / 2015

Transaction ID : 22788601

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Aurelio Fernandez

Mailing Address 1901 SW 172nd Avenue

City	State	Zip Code
Miramar	FL	33029-5592

FEC ID number of contributing federal political committee.

C

Name of Employer

Memorial Healthcare System

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : 22788608

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr John Loewenberg

Mailing Address 12777 Mariner Ct

City	State	Zip Code
Palm City	FL	34990-8034

FEC ID number of contributing federal political committee.

C

Name of Employer

Martin Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : 22788613

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Mr. John E. Mines

Mailing Address 1991 Killarney Drive

City	State	Zip Code
Winter Park	FL	32789-3527

FEC ID number of contributing federal political committee.

C

Name of Employer

Florida Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1045.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : 22788615

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

595.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen A Nierman

Mailing Address 200 Avenue F NE

City

Winter Haven

State

FL

Zip Code

33881-4131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winter Haven Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

10 / 29 / 2015

Transaction ID : 22788672

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr. Diane Smith Raines RN, MSN, N

Mailing Address 4090 San Jose Blvd

City

Jacksonville

State

FL

Zip Code

32207-6063

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 29 / 2015

Transaction ID : 22788675

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Clint Shouppe

Mailing Address 45 Davis Blvd

#10

City

Tampa

State

FL

Zip Code

33606-3459

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winter Haven Hospital

Occupation

Manager Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 29 / 2015

Transaction ID : 22788679

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

575.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 97 OF 147
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Terry R. Upton

Mailing Address 2315 S.E. 14th Street

City	State	Zip Code
Ocala	FL	34471-2644

FEC ID number of contributing
federal political committee.

C

Name of Employer

Villages Regional Hospital, The

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : 22788867

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Glenn D Waters FACHE

Mailing Address P O Box 210

City	State	Zip Code
Clearwater	FL	33757-0210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morton Plant Mease Health Care

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : 22788868

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Allen S Weiss MD

Mailing Address P O Box 413029

Apt 2

City	State	Zip Code
Naples	FL	34101-3029

FEC ID number of contributing
federal political committee.

C

Name of Employer

NCH Downtown Naples Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : 22788869

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

1275.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John F Wilbanks FACHE

Mailing Address 800 Prudential Drive

City

Jacksonville

State

FL

Zip Code

32207-8202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Medical Center Beaches

Occupation

Chief Operating Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : 22788870

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. John Wilgis

Mailing Address 307 Park Lake Circle

City

Orlando

State

FL

Zip Code

32803-3923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Association

Occupation

Director, Emergency Mgmt. Svcs.

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : 22788871

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Mr. Scott WootenMailing Address 5030 Paradise Pound Ln
Unit 201

City

Jacksonville

State

FL

Zip Code

32207-7629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health

Occupation

Senior Vice President and Chief Financ

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : 22788872

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

800.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Rich Rasmussen

Mailing Address 405 El Destinado Drive

City

Tallahassee

State

FL

Zip Code

32301-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Association

Occupation

VP for Strategic Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1051.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2015

Transaction ID : 22788873

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mr. Patrick M Magoon

Mailing Address 225 East Chicago Avenue

City

Chicago

State

IL

Zip Code

60611-2991

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ann & Robert H. Lurie Children's Hospi

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 22788911

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Ms Joanna Farrere

Mailing Address 1151 E Warrenville RD

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 22788912

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Lee Sacks MD

Mailing Address 2025 Windsor Drive

City

Oak Brook

State

IL

Zip Code

60523-1586

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Executive Vice President and Chief Med

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 22788913

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Mr. James Dan

Mailing Address 511 Forest Mews

City

Oak Brook

State

IL

Zip Code

60523-2643

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 22788914

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Linda Deering MSN, RN

Mailing Address 1425 North Randall Road

City

Elgin

State

IL

Zip Code

60123-2300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Sherman Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 22788915

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard B Floyd

Mailing Address 1775 Dempster Street

City

Park Ridge

State

IL

Zip Code

60068-1143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Lutheran General Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 30 / 2015

Transaction ID : 22788919

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Karen A Lambert

Mailing Address 450 West Highway 22

City

Barrington

State

IL

Zip Code

60010-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Good Shepherd Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 30 / 2015

Transaction ID : 22788920

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Dominic Nakis

Mailing Address 2268 River Woods Drive

City

Naperville

State

IL

Zip Code

60565-6351

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Senior Vice President and Chief Financ

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 30 / 2015

Transaction ID : 22788921

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Larry M. Goldberg

Mailing Address 2160 South First Avenue

City

Maywood

State

IL

Zip Code

60153-3328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Loyola University Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 22788922

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Kathie Bender-Schwich

Mailing Address 1409 W. Talcott Rd

City

Park Ridge

State

IL

Zip Code

60068-4559

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 22788923

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael Farrell

Mailing Address 729 S. Lincoln Street

City

Hinsdale

State

IL

Zip Code

60521-4428

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 22788926

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Eric Franz

Mailing Address 406 Belaire

City

Goodfield

State

IL

Zip Code

61742-9622

FEC ID number of contributing
federal political committee.

C

Name of Employer

Graham Hospital

Occupation

Vice President/CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 22788927

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. David B Graham MD

Mailing Address 701 North First Street

City

Springfield

State

IL

Zip Code

62781-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Medical Center

Occupation

Senior Vice President and Chief Inform

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 22788928

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Richard Heim

Mailing Address 17800 South Kedzie Avenue

City

Hazel Crest

State

IL

Zip Code

60429-2029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate South Suburban Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 22788929

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael T McManus

Mailing Address 5900 Bond Avenue

City

Centreville

State

IL

Zip Code

62207-2326

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 30 / 2015

Transaction ID : 22788930

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Daniel R. Landon

Mailing Address 1811 Forest Park Court

City

Jefferson City

State

MO

Zip Code

65109-9782

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Sr. Vice President, Governmental Relat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

10 / 05 / 2015

Transaction ID : 22789004

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Ms. Melinda Reid Hatton

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President & General Course

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.34

Date of Receipt

10 / 31 / 2015

Transaction ID : PR1045726236098

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

490.41

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David Schulke

Mailing Address 155 N. Wacker Dr.

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

VP Research Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

10 / 31 / 2015

Transaction ID : PR1057462136098

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Sarah B. Macchiarola

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.34

Date of Receipt

10 / 31 / 2015

Transaction ID : PR1082532736098

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Barbara Jellen

Mailing Address 206 N Royal St

City

Alexandria

State

VA

Zip Code

22314-2627

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Section Director, Constituency Section

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.34

Date of Receipt

10 / 31 / 2015

Transaction ID : PR1113464236098

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

157.76

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 106 OF 147

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Lisa Allen

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Sr. Vice President, Chief Human Resour

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.34

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR118928236098

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Dale A Kirby

Mailing Address P O Box 331

City

Colusa

State

CA

Zip Code

95932-0331

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.34

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR1125892336098

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Mary Meadows

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1787

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director of Professional Practice, AON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.34

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR1260472936098

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

196.23

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 107 OF 147
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jack A. Mackay

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President & CIO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

423.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

Transaction ID : PR1347703636098

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Susan Gergely MBA

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1787

FEC ID number of contributing
federal political committee.

C

Name of Employer

AONE

Occupation

Chief Operating Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

296.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

Transaction ID : PR1347791036098

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Heather Drevna

Mailing Address 3205 Ravensworth PL

City

Alexandria

State

VA

Zip Code

22302-2107

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Advocacy and Member Co

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

296.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

Transaction ID : PR1348169736098

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

138.54

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 108 OF 147

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Sharon Allen

Mailing Address 155 N. Wacker

City

Chicago

State

IL

Zip Code

60606-1787

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Executive Director, Business Se

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

296.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR1474886236098

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Mark Colucci

Mailing Address 1061 N Penny Ln

City

Palatine

State

IL

Zip Code

60067-1821

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

National Director Sponsorship and Unde

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

423.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR1475133736098

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Fannie D. Wade

Mailing Address 7706 Heartwood Lane

City

Upper Marlboro

State

MD

Zip Code

20772-4323

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

296.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR1476385736098

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

138.54

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 109 OF 147

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Monica D Day

Mailing Address 4301 Telfair Blvd
B219

City State Zip Code
Suitland MD 20746-4297

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Political Affairs Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.34

Date of Receipt

10 / 31 / 2015

Transaction ID : PR1516850636098

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Elisa Arespachoga

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director, Constituency Secti

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.34

Date of Receipt

10 / 31 / 2015

Transaction ID : PR1555656236098

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

c. Ms. Kathy Poole

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Governance Projects

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.34

Date of Receipt

10 / 31 / 2015

Transaction ID : PR1589439936098

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

121.23

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 110 OF 147

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Kimberly Baker

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director Travel Meeting Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.34

Date of Receipt

10 / 31 / 2015

Transaction ID : PR1590809136098

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Michael Hrickiewicz

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Editor Health Facilities Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.45

Date of Receipt

10 / 31 / 2015

Transaction ID : PR1625366836098

Amount of Each Receipt this Period

55.29

P/R Deduction (\$18.43 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Bob Kehoe

Mailing Address 155 North Wacker Drive, Suite 400

City

Chicago

State

IL

Zip Code

60606-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.34

Date of Receipt

10 / 31 / 2015

Transaction ID : PR1625368336098

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

136.11

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 111 OF 147

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bill Ladewski

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Membership Associate, Center for Health

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

296.34

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR1625369136098

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Joan M. M Ryzner

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Education Program Manager, HRET

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

296.34

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR1625587836098

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Monique Showalter

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Marketing AHA Solutions, Inc

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

296.34

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR1625602236098

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

121.23

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen Hines

Mailing Address 155 North Wacker Drive

City	State	Zip Code
Chicago	IL	60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

VP, Research HRET

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR1648726636098

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Erik RasmussenMailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City	State	Zip Code
Washington	DC	20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR1819487936098

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Aimee KuhlmanMailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City	State	Zip Code
Washington	DC	20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director Fed. Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR1877582336098

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

196.23

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 113 OF 147

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Shari Dexter

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Political Action

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

423.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR1878189836098

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms Beverly Hancock

Mailing Address 155 N. Wacker Dr.

City

Chicago

State

IL

Zip Code

60606-1787

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Dir Educational Programs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

296.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR1913189336098

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Joanna Kim

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Policy

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

296.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR1913190536098

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

138.54

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 114 OF 147

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Evelyn Knolle

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Policy -TR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR1913190736098

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Juanita Myrick

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Employee Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR1913192536098

Amount of Each Receipt this Period

40.50

P/R Deduction (\$13.50 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Jennifer Schleman

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Media Relat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR1913194036098

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

155.94

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 115 OF 147

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Chantal Worzala

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR1913196436098

Amount of Each Receipt this Period

55.29

P/R Deduction (\$18.43 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Kathleen Cain

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Staff Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR1936378436098

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Janet Henderson

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR1937843136098

Amount of Each Receipt this Period

145.92

P/R Deduction (\$48.64 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

231.21

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Diane Jones

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr Assoc Dir Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR1943461536098

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Stacey Chappell

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1787

FEC ID number of contributing
federal political committee.

C

Name of Employer

AONE

Occupation

Senior Communications Specialist, Advo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR1963876236098

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms Kristina Weger

Mailing Address 800 10th Street NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR2058887036098

Amount of Each Receipt this Period

68.19

P/R Deduction (\$22.73 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

166.32

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 117 OF 147

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Travis E Robey

Mailing Address 800 10th Street NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr Assoc Dir Fed Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.14

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR2060308236098

Amount of Each Receipt this Period

68.19

P/R Deduction (\$22.73 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr Damareus Barbour

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

AONE

Occupation

Workforce Center Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.45

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR2060632936098

Amount of Each Receipt this Period

55.29

P/R Deduction (\$18.43 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Michael P. McCue

Mailing Address 122 N. Greenwood Avenue

City

Park Ridge

State

IL

Zip Code

60068-3227

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.34

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR327771636098

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

238.89

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 118 OF 147

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Suzanne R. Sonik

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Long-Term Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

Transaction ID : PR327777236098

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City

Oak Park

State

IL

Zip Code

60304-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

Transaction ID : PR327777836098

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Neil Jesuele

Mailing Address 155 N Wacker Dr

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

Transaction ID : PR327801736098

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

230.85

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Pamela Austin Thompson MS, RN, FA

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

AONE

Occupation

AHA Senior Vice President, CEO America

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.34

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR327812036098

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Joan H. Lewis

Mailing Address 6034 North 22nd Street

City

Arlington

State

VA

Zip Code

22205-3408

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.28

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR327831736098

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Mark Seklecki

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.34

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR327858036098

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.54

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 120 OF 147
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John F. Barry

Mailing Address One North Franklin

City	State	Zip Code
Millis	MA	60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR327877836098

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. George F. BergstromMailing Address 130 North Garland Court
#3002

City	State	Zip Code
Chicago	IL	60602-4750

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR327895736098

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Eileen M. Collins OffnerMailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City	State	Zip Code
Washington	DC	20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR327906136098

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

271.23

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 121 OF 147
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas J. Bonner FACHE

Mailing Address P.O. Box 679010

City
AustinState
TXZip Code
78767-9010FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2015			

Transaction ID : PR327983736098

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Richard J. UmbdenstockMailing Address 800 10th Street, NW
Two CityCenter, Suite 400City
WashingtonState
DCZip Code
20001-5188FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2015			

Transaction ID : PR328132836098

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City
ChicagoState
ILZip Code
60640-1318FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2015			

Transaction ID : PR328223836098

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

346.23

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 122 OF 147

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City
EagleState
IDZip Code
83616-5369FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.34

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR328241436098

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City
ArlingtonState
VAZip Code
22207-4446FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.34

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR328260936098

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Carla J LuggieroMailing Address 800 10th Street, NW
Two CityCenter, Suite 400City
WashingtonState
DCZip Code
20001-5188FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Fed Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.86

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR328490136098

Amount of Each Receipt this Period

28.89

P/R Deduction (\$9.63 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

259.71

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 123 OF 147

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City

Yardley

State

PA

Zip Code

19067-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

846.34

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR328511836098

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Alicia N. Mitchell

Mailing Address 1501 N. Harrison Street

City

Arlington

State

VA

Zip Code

22205-2726

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Communications

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

846.34

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR328512036098

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. George Arges

Mailing Address One North Franklin St.

City

Chicago

State

IL

Zip Code

60606-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Director, Health Data Managemen

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

423.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR328641136098

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

288.54

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Anthony S Burke

Mailing Address 155 N Wacker Dr

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

AHA Solutions, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR328913336098

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Rebecca Chickey

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

SPSA Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR329013436098

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Dr. John R. Combes

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

President & Chief Operating Officer, C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR329071336098

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.54

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Robyn L. Bash

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Director, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.34

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR329084436098

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. W. Thomas Deweese

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7525

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

AHA Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.34

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR329215736098

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. John Evans

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.34

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR329342636098

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

271.23

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Patricia Meersman

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Director Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR330343336098

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Thomas Misfeldt

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR330411636098

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Maureen D. Mudron

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Deputy General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR330465236098

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

213.54

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City

Apple Valley

State

MN

Zip Code

55124-9229

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.34

Date of Receipt

10 / 31 / 2015

Transaction ID : PR330475436098

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Gene O'Dell

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Strategic Planning

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.28

Date of Receipt

10 / 31 / 2015

Transaction ID : PR330547736098

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Constituency Section

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.34

Date of Receipt

10 / 31 / 2015

Transaction ID : PR330549236098

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.54

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Anthony Spohn

Mailing Address 3219 N. Oriole

City

Chicago

State

IL

Zip Code

60634-3232

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, Associate Membersh

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

423.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

Transaction ID : PR331098336098

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Debi H. Tucker Esq.

Mailing Address 1101 N. Kentucky Street

City

Arlington

State

VA

Zip Code

22205-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Director, State Issues Forum

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

423.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

Transaction ID : PR331278836098

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Operations - APP

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

846.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

Transaction ID : PR331304236098

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

230.85

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Jo Ann K Webb MHA, RN

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

AONE

Occupation

Senior Director of Federal Relations a

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.34

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR331379136098

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Judy Weinsheimer

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.34

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR331386936098

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Dale L Woodin CHFM, FASH

Mailing Address 155 North Wacker Drive, Suite 400

City

Chicago

State

IL

Zip Code

60606-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association

Occupation

Senior Executive Director Infrastructu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.34

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR331481336098

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

121.23

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Megan Cundari

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR518031936098

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Laura M. Werner

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Associate Director, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR560101536098

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City

Alexandria

State

VA

Zip Code

22314-4142

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR766023736098

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.54

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Rochelle M. Archuleta

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR801366336098

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.41

98913.90

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. California Healthcare Association PAC - FederalMailing Address 1215 K Street
Suite 800

City	State	Zip Code
Sacramento	CA	95814

FEC ID number of contributing
federal political committee.

C C00237495

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2015

Transaction ID : 22743403

Amount of Each Receipt this Period

25000.00

Full Name (Last, First, Middle Initial)

B. North Carolina Hospital Assoc. HOSPAC - Federal

Mailing Address Post Office Box 4449

City	State	Zip Code
Cary	NC	27519-4449

FEC ID number of contributing
federal political committee.

C C00194647

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

61575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : 22788084

Amount of Each Receipt this Period

11575.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

36575.00

36575.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. TD Bank

Mailing Address 901 Seventh Street, NW

City
Washington

State Zip Code
DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1891.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 30 2015

Transaction ID : 22787665

Amount of Each Receipt this Period

243.31

Interest Earned

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

243.31

243.31

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2015
Transaction ID : 22759837

Amount of Each Disbursement this Period

146.75

Merchant Fees

Full Name (Last, First, Middle Initial)

B. PaymentechMailing Address 14221 Dallas Parkway
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2015
Transaction ID : 22759838

Amount of Each Disbursement this Period

152.70

Merchant Fees

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2015
Transaction ID : 22759839

Amount of Each Disbursement this Period

20.31

Merchant Fees

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

319.76

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. TD Bank

Mailing Address 901 Seventh Street, NW

City
WashingtonState
DCZip Code
20001Purpose of Disbursement
Bank Fee

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 15 / 2015
Transaction ID : 22759840

Amount of Each Disbursement this Period

143.42

Bank Fee

Full Name (Last, First, Middle Initial)

B. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City
MilwaukeeState
WIZip Code
53203Purpose of Disbursement
Merchant Fees

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2015
Transaction ID : 22759842

Amount of Each Disbursement this Period

25.00

Merchant Fees

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

168.42

488.18

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Bennet For Colorado

Mailing Address PO Box 3078

City	State	Zip Code
Denver	CO	80201

Purpose of Disbursement
Contribution

Candidate Name

Sen. Michael F. Bennet

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

Transaction ID : 22740767

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Hal Rogers For Congress

Mailing Address P.O. Box 1214

City	State	Zip Code
Somerset	KY	42502

Purpose of Disbursement
Contribution

Candidate Name

Rep. Hal Dallas Rogers

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: KY District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

Transaction ID : 22740769

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jobs, Opportunity & Education, PAC (JOEPAC)

Mailing Address 84-54 Grand Avenue

City	State	Zip Code
Elmhurst	NY	11373

Purpose of Disbursement
2015 Contribution

Candidate Name

Jobs, Opportunity & Education, PAC (JOEPAC)

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

Transaction ID : 22740771

Amount of Each Disbursement this Period

2000.00

2015 Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Voice for Freedom PACMailing Address 2814 Spring Road
Suite 103

City Atlanta State GA Zip Code 30339

Purpose of Disbursement
2015 Contribution

Candidate Name

Voice for Freedom PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

Transaction ID : 22740773

Amount of Each Disbursement this Period

5000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

B. Lofgren For CongressMailing Address C/O Contribution Solutions, LLC
123 E. San Carlos St., #531

City San Jose State CA Zip Code 95112

Purpose of Disbursement
Contribution

Candidate Name

Rep. Zoe LofgrenOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

Transaction ID : 22740775

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Latta For Congress

Mailing Address PO Box 106

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement
Contribution

Candidate Name

Rep. Bob LattaOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

Transaction ID : 22740776

Amount of Each Disbursement this Period

1500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Tiberi For CongressMailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
Contribution

Candidate Name

Rep. Pat J. TiberiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

Transaction ID : 22740779

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Blumenthal For Senate

Mailing Address 777 Summer Street

City Stamford State CT Zip Code 06901

Purpose of Disbursement
Contribution

Candidate Name

Sen. Richard BlumenthalOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) ▼
Convention2016

State: CT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 22756503

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Moran For Kansas

Mailing Address PO Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement
Contribution

Candidate Name

Sen. Jerry MoranOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 22756504

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City	State	Zip Code
New York	NY	10016

Purpose of Disbursement
Contribution

Candidate Name

Sen. Charles E. Schumer

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NY District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 22756510

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Conyers For Congress

Mailing Address PO Box 75357

City	State	Zip Code
Washington	DC	20013

Purpose of Disbursement
Contribution

Candidate Name

Rep. John Conyers Jr.

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MI District: 13

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 22756512

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. DeFazio For Congress

Mailing Address PO Box 1316

City	State	Zip Code
Springfield	OR	97477

Purpose of Disbursement
Contribution

Candidate Name

Rep. Peter Anthony DeFazio

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OR District: 04

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 22756513

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. DelBene For Congress

Mailing Address PO Box 487

City	State	Zip Code
Bothell	WA	98041

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Suzan DelBeneCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 22756514

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Garamendi For Congress

Mailing Address 1050 17th St Nw Ste 590

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. John GaramendiCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 22756515

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Bob Goodlatte For Congress Committee

Mailing Address P.O. Box 292

City	State	Zip Code
Roanoke	VA	24002

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Bob W. GoodlatteCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 22756516

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Glenn Grothman For Congress

Mailing Address PO Box 1215

City	State	Zip Code
Fond Du Lac	WI	54964

Purpose of Disbursement
Contribution

Candidate Name

Glenn GrothmanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 22756517

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Richard Hanna For Congress Committee

Mailing Address PO Box 118

City	State	Zip Code
Utica	NY	13503

Purpose of Disbursement
Contribution

Candidate Name

Rep. Richard HannaOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 22756518

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Pete King For Congress Committee

Mailing Address PO Box 1428

City	State	Zip Code
Seaford	NY	11783

Purpose of Disbursement
Contribution

Candidate Name

Rep. Pete T. KingOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 22756519

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ted Lieu For Congress

Mailing Address 6380 Wilshire Blvd #1612

City	State	Zip Code
Los Angeles	CA	90048

Purpose of Disbursement
Contribution

Candidate Name

Ted LieuOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 22756520

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Simpson For Congress

Mailing Address 1487 Parkway Drive

City	State	Zip Code
Blackfoot	ID	83221

Purpose of Disbursement
Contribution

Candidate Name

Rep. Mike K. SimpsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 22756522

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Tiberi For CongressMailing Address 2931 E Dublin Granville Road
Suite 190

City	State	Zip Code
Columbus	OH	43231

Purpose of Disbursement
Contribution

Candidate Name

Rep. Pat J. TiberiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 22756523

Amount of Each Disbursement this Period

900.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2900.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Welch For Congress

Mailing Address PO Box 1682

City	State	Zip Code
Burlington	VT	05402

Purpose of Disbursement
Contribution

Candidate Name

Rep. Peter WelchOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: VT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 22756524

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. LOBO PAC

Mailing Address PO Box 25763

City	State	Zip Code
Albuquerque	NM	87125

Purpose of Disbursement
2015 Contribution

Candidate Name

LOBO PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 22756526

Amount of Each Disbursement this Period

1000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

C. New Pioneers PACMailing Address 228 S. Washington St.
Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
2015 Contribution

Candidate Name

New Pioneers PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 22756527

Amount of Each Disbursement this Period

1500.00

2015 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mike Bost For Congress Committee

Mailing Address PO Box 1212

City	State	Zip Code
Murphysboro	IL	62966

Purpose of Disbursement
Contribution

Candidate Name

Rep. Mike BostOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 22756528

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Rodney For Congress

Mailing Address PO Box 344

City	State	Zip Code
Taylorville	IL	62568

Purpose of Disbursement
Contribution

Candidate Name

Rep. Rodney L. DavisOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 22756529

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Dold For Congress

Mailing Address PO Box 6312

City	State	Zip Code
Libertyville	IL	60048

Purpose of Disbursement
Contribution

Candidate Name

Rep. Bob James Dold Jr.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 22756530

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Randy Hultgren For Congress

Mailing Address PO Box 717

City	State	Zip Code
St Charles	IL	60174

Purpose of Disbursement
Contribution

Candidate Name

Rep. Randy HultgrenOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 22756531

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Dan Lipinski For Congress

Mailing Address P.O. Box 520

City	State	Zip Code
Western Springs	IL	60558

Purpose of Disbursement
Contribution

Candidate Name

Rep. Daniel William LipinskiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 22756532

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Quigley For CongressMailing Address 2652 N Southport Avenue
Unit E

City	State	Zip Code
Chicago	IL	60614

Purpose of Disbursement
Contribution

Candidate Name

Rep. Michael QuigleyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 22756533

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ryan Costello For Congress

Mailing Address PO Box 3154

City
West ChesterState
PAZip Code
19381Purpose of Disbursement
Contribution

Candidate Name

Ryan CostelloOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 22756534

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City
New YorkState
NYZip Code
10016Purpose of Disbursement
Contribution

Candidate Name

Sen. Charles E. SchumerOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : 22756535

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Lone Star Leadership PACMailing Address 7315 Wisconsin Avenue
Suite 310 EastCity
BethesdaState
MDZip Code
20814Purpose of Disbursement
2015 Contribution

Candidate Name

Lone Star Leadership PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 22756536

Amount of Each Disbursement this Period

2000.00

2015 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Tiberi For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2015

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
Contribution

011

Transaction ID : 22759818

Amount of Each Disbursement this Period

5000.00

Candidate Name

Rep. Pat J. TiberiCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 12

Contribution

Full Name (Last, First, Middle Initial)

B. Making America Prosperous PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2015

Mailing Address P.O. Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement
2015 Contribution

011

Transaction ID : 22759820

Amount of Each Disbursement this Period

2500.00

Candidate Name

Making America Prosperous PACCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

2015 Contribution

Full Name (Last, First, Middle Initial)

C. Pioneer PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2015

Mailing Address 499 South Capitol Street, SW
Suite 408

City Washington State DC Zip Code 20003

Purpose of Disbursement
2015 Contribution

011

Transaction ID : 22759822

Amount of Each Disbursement this Period

5000.00

Candidate Name

Pioneer PACCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

2015 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

66400.00